

at a workshop on antiarrhythmic drugs and self ventricular defibrillation held in Tel-Aviv on 6-7 May 1993. The lectures presented at this workshop are now in press in the *Journal of Basic and Clinical Physiology and Pharmacology*.

L REISIN
Y BLAYER

Department of Cardiology,
Barzilai Medical Center, Ashkelon

M MANOACH
Department of Physiology, Tel-Aviv University,
Medical School Tel-Aviv, Israel

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This letter was shown to the authors, who reply as follows:

SIR,—We thank Reisin, Blayer, and Manoach for their interesting suggestion that raised cardiac catecholamine concentrations may have caused termination of ventricular fibrillation in our patient. In addition to an increase in sympathetic activity, we propose that termination could also have been caused by depolarisation of nerve endings in the ischaemic myocardium upon repolarisation. This phenomenon is the result of the early efflux of potassium into the extracellular space. Experimental models of denervated hearts or of hearts with depleted catecholamine stores could be used to test these interesting hypotheses.

N M VAN HEMEL
J H KINGMA
W VAN GILST
Department of Cardiology,
St Antonius Hospital,
Koekoekslaan 1,
3435 CM Nieuwegein,
The Netherlands

Cost effectiveness of prophylaxis in dental practice to prevent infective endocarditis

SIR,—We compliment Gould and Buckingham on their thorough review of the cost effectiveness of antibiotic prophylaxis for dental extraction in patients at risk of endocarditis.¹ Their article gives the opposite view to that presented by van der Meer *et al*² from the Netherlands. We recently surveyed patients attending cardiac outpatients department at Groby Road Hospital in Leicester³ and found that

patients with high-risk and low-risk cardiac lesions for endocarditis rarely attended a dentist. More worrying, most did not recall relevant advice (70% of low-risk and 86% of high-risk patients, see our table 1). The estimate by Gould and Buckingham that 50% of patients at high-risk are not provided with prophylaxis is indeed likely to be an underestimate. In reply to our questionnaires 90% of general practitioners and dentists said they would give prophylaxis to patients at high risk (fig 5). However, only 14% of general practitioners could identify at risk patients on their register and half of general practitioners and dentists thought that they did not receive adequate advice from their cardiac centre.

We wholeheartedly support Gould and Buckingham's conclusion that the use of prophylaxis in dental practice could be expanded by improved communication between doctors and dentists. Patients also need to be aware of the need to keep healthy teeth and gums and for regular dental check-ups. We have designed a simplified endocarditis risk card for patients and sticker for patients' records and medical notes which should facilitate communication between patient, doctor, and dentist. It is clear from previous surveys and the current survey that advice to patients should be simple, clear, repeated and, most importantly, given in writing. Because most patients at risk attended only cardiac clinics, the onus is on cardiologists to improve the current situation.

L N FORBAT
Treliske Hospital,
Truro,
Cornwall TR1 3LJ
J D SKEHAN
Groby Road Hospital,
Groby Road,
Leicester LE3 9QE

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BRITISH CARDIAC SOCIETY NEWSLETTER

Council met on 14 October and confirmed the programme for the annual meeting in Torquay next year. A comprehensive and exciting programme is anticipated with plenary sessions on the "Management of acute myocardial infarction: short and long term considerations" and "Intravascular and oesophageal ultrasound: Where is it going?"

Council considered the continuing turbulence in the internal market and supported the policy of pressing for a sensible contract system that is flexible and sensitive to the

special interests and casemix of individual providers.

Clinical guidelines, to be distinguished from protocols, are being developed by the Joint Audit Committee with the Royal College of Physicians (see below). Council was keen to support progress towards a comprehensive set of guidelines covering all major areas of cardiology because it considered that they will be an important part of refining the contractual process and lead to a much greater understanding of our specialty by the purchasers.

It was encouraging to hear of the formation of the Nigerian Healthcare Foundation. The president, Professor T A Lambo, and vice-president, Dr K K Akinroye, of the foundation visited London recently and met with John Parker to discuss the help and cooperation that the British cardiologists could offer Nigerian cardiologists. Further discussions on practical forms of help are continuing.

British Paediatric Cardiac Association

Babulal Sethia writes: "This year (1993) has been a busy one for the association. The summer meeting in conjunction with the British Cardiac Society Annual Meeting at Wembley was extremely well attended and promoted lively discussion between physicians and surgeons on the relative merits of transcatheter closure of the arterial duct, the role of thoracoscopic surgery and management of the left AV valve and atrio-ventricular septal defect. The Harrogate meeting on 26 and 27 November 1993 is due to cover heart failure and the use of stents in congenital heart disease. In 1994 our meeting in association with the British Cardiac Society in Torquay is planned to encompass the discussion of long-term outcome in patients with congenital heart disease together with a specific discussion on the issue of pregnancy in patients with congenital heart defects."

"The BPCA had been taking an active role in response to the Calman report. Although our final response has not yet been agreed, we are trying to coordinate the views of all our members in order that a unified approach may be taken in discussions involving the Royal Colleges, the SAC, and other interested parties."

Joint Audit Committee

David de Bono writes: "The Joint Audit Committee of the British Cardiac Society and the Royal College of Physicians of London was set up to facilitate and encourage all types of audit activity in relation to cardiology. Recently the committee sponsored an investigation into 'Times to hospital admission and thrombolysis in acute myocardial infarction' (Birkhead JS, *et al*. *BMJ* 1992;305:445-8) and 'An audit of cardiac catheter complications' (de Bono D. *Br Heart J* 1993;70:297-300). Both these studies are ongoing. The committee is also organising a series of workshops, in collaboration with the Research Unit of the Royal College of Physicians, with the aim of defining and publishing management guidelines and audit standards for common cardiac conditions. Draft guidelines on stable angina were published in July (de Bono D, Hopkins A, *J R Coll Physicians Lond* 1993;27:267-73) and the edited workshop papers are currently in press. A workshop on the management of myocardial infarction was held in September and further